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ABSTRACT

An understanding of human beings is essential to public health service as well as school health education. Cultural factors were especially important in the case of the American Indian, as many Indian problems are interrelated with socioeconomic problems, resulting in poor nutrition, housing, and sanitation. Alcohol, suicide, and improper use of health facilities are devices used by Indians in coping with life's problems. Data from federal facilities for Indians show that 60 percent of homes are substandard; only a minority have running water; 39 percent obtain water from unsafe sources; and 48 percent have unsatisfactory privies. Lack of constructive work contributes to problems of mental health. Indian students present a difficult challenge due to lack of a positive self-image, cultivated by cultural conflict. There is a need for teachers to increase their awareness of Indian customs and practices and to integrate this into their teaching. Teachers must be able to diagnose student needs and prescribe activities which will bring success. A comprehensive health education program which integrates Indian customs is needed at all grade levels, K-12. (Author)

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HEALTH EDUCATION FOR INDIAN STUDENTS

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The promotion of health is an important aspect of present day public school education which is primarily designed to prepare youngsters to deal with their academic, cultural, and practical needs. An understanding of human beings is essential to public health service as well as school health education. Programs of sanitation, health promotion, and disease prevention must be adjusted to people; therefore, it is extremely important to understand the ethnic background, neighborhood forces, personal, family, and group processes and values, and the economic, educational, and religious factors of the people involved.[1]

These cultural factors are especially important in the case of the American Indian who has recently come into national focus via the American Indian Movement in which groups of Indians have organized to bring public awareness to their problems. A recent report, compiled by Twiss and Maynard, reveals that the rate of Indian people with health problems is twice as high as non-Indians living in the same geographical area. The report further indicates that this is related to the socioeconomic situation and results in poor nutrition, poor housing, and poor sanitation. Alcoholism is a major problem which contributes to the incidence of crime. A suicide study in 1967 indicated that the suicide attempt rate at the Pine Ridge Reservation in South Dakota was twice that reported at Los Angeles, an urban community with a high incidence of suicide attempts.[2] In 1965, accidents were the second leading cause of death among the Oglala Sioux people.[3] Twiss and Maynard suggest that alcohol, suicide, and improper use of health facilities are used by the Indians as coping devices for facing life's problems. It is felt that health education can help Indian students seek constructive solutions to their problems.

The modern emphasis of health education is educating the student to do things for himself. Today's health program is behavior centered, supported by necessary information adapted to individual needs, reinforced by available source materials, and related to the student's health problems and interests.[4] These concepts are being incorporated into health education programs in many schools throughout the nation.

The need for revision of the health program is especially apparent in Indian schools. The Oglala Sioux on the Pine Ridge Reservation were chosen for this study as they indicated a desire for revision of their health education program. Additionally, since the reservation is the second largest in the United States,[5] the writer felt that their large numbers would provide a comprehensive study of the health problems of Indians in a tribal setting. This reservation is located near the southwestern corner of the state of South Dakota, and it comprises 4,353 square miles.

The Oglala were originally the leading division of the Teton Dakota tribe. Racial mixing began when trappers came upon the scene. Today there are approximately 10,000 Indians on the Pine Ridge Reservation. The median age of the Indian population is 16.9 years in contrast to the 28.8 median age of the United States white population.[6]

Today, low economic means and inaccessibility to medical facilities make prevention of health problems a vital concern. The School Health Education Study Advisory Committee suggests that programs of prevention and protection demand continuing health education if they are to succeed.

The literature pertaining to the health problems of the American Indian consists mainly of statistics concerning the prevalence of disease. Health knowledge, practices, and awareness seem to have been neglected in research. An investigation of the health status of any group of individuals necessitates a broader perspective of health than the mere absence of disease. The social and cultural aspects of the group have an important causal effect upon their health problems and must be included in any study.[7]

Data from the Federal Facilities for Indians

records, as reported by Kent and Johnson, show that 60 per cent of all homes on the Pine Ridge Reservation are substandard. Running water is enjoyed in only a minority of homes. Thirty-nine percent obtain water from unsafe sources. Seventy per cent of all homes dispose of garbage on their own premises and human waste is often disposed of in the same manner as garbage. Forty-eight per cent have unsatisfactory privies,[5] and a significant number of households use no privies at all. Studies by Levi-Mesteth, done in April and September of 1968, reveal that most Indians on the Pine Ridge Reservation live in inadequate homes, sanitation in most Indian homes is almost nonexistent, and most Indians do not have basic household utilities.[6]

Spilka's study related that the birth rate among Indians is twice that of the United States, while the average family income is half that considered at the poverty level. Unemployment rates are between 30 and 80 per cent of the labor force.[7]

The lack of constructive work not only increases economic need, but contributes to the problems of mental health. According to Artichoker, many Indians leave the reservation because of the lack of employment opportunities. Family ties are partially or completely broken. In a community outside the reservation, many Indian families experience discrimination, whether actual or imaginary, when seeking employment or entering religious and social activities.

Varied educational offerings for Indians are considered fundamental to the social and economic improvement of reservation communities. Over half of the Pine Ridge Indians have a grammar school education or less. Only 19 per cent have finished high school. Educational levels are lower and school dropout rates higher than for the United States. A high percentage of Indian students drop out before completing high school, the peak being at the eighth or ninth grade level.[8] Contrastingly, Gemberling's study reveals that Pine Ridge students look upon education as the key to a better life and their commitment to education is supported by family members and friends.[9]

Bryde's study shows that Indian students feel depressed, rejected, alienated, anxious, and withdrawn.[10] The resultant mental health disorders may show up later in the form of alcohol abuse or suicide attempts.

Underachievement in education is a cause for concern at Pine Ridge. California Achievement Tests show that scores fall below the national norm from the seventh grade on. Indian students are at least two years older than the normal age for their grade. Maynard and Twiss cite reasons for this—late enrollment, mobility of families, absenteeism, and disinterest of parents and children.[11] Development of a healthy mental outlook is curtailed by these conditions. Feelings of inferiority and a negative ethnic image have been destructive to motivation. A study by Gemberling reports that the general factor underlying major difficulties in Indian education is the conflict between the elements of traditional Indian culture and the middle class expectations and goals of the school system.[12] Teaching Indian culture and how Indian values can be applied to contemporary life has been suggested by Bryde as one way to help remedy the situation. Bryde at Holy Rosary Mission, has introduced such a course to the schools on the Pine Ridge Reservation.[13] The root of many problems on the reservation is a cultural stalemate caused by adjustments. According to Artichoker, behavior resulting from cultural conflict results in a higher rate of out-of-wedlock births, instability of common law and Indian custom marriages, irregular work habits, and inability to assume family responsibility.[14]

Upgrading the educational program has been advocated as one area of primary concern to the Oglalas. Curiosity and eagerness to learn are stifled by mediocre expectations. It is felt by Maynard and Twiss that teachers on the reservation need to show greater interest in Indian culture and to encourage and instill confidence in their pupils. The writer suggests that a health education program, which incorporates traditional Indian customs related to health, can contribute to the development of a positive self-image among Indian students.

The conditions a Pine Ridge Reservation are exemplary of Indian problems resulting from the acculturation or social change situation from Indian-white contact. Artichoker, in his study of the Indians of South Dakota, relates that South Dakota was created out of a portion of Dakota territory once reigned over by the proud and respected Sioux Nation of Indians. Artichoker feels that the relinquishment of lands to the whites came about as a result of the migration of early trappers, traders, missionaries, pioneers, and the military, and the need for land to carry out their activities. The last treaties between the Dakota nation and the United States were in 1868 and involved all the land west of the Missouri. Treaties were made at one time to restrict

Indians to certain areas. As more settlers moved into the area, reservation areas were reduced. At one time the Dakota people owned 77,000 square miles of South Dakota; today they own less than 9,000.[1] Religious philosophies and rituals giving affirmation to ethnic identity were shattered. The role of the male within the family was left without purpose with the loss of the warrior-hunter image—placing more responsibility upon the female. Maynard and Twiss claim that resulting frustrations have contributed to the health problems of the Oglala Sioux.[2] Attempts at forced acculturation have failed because Indians have felt a threat to their Indian identity. Indian youths have been caught between the two cultures. Hagen and Shaw suggest that with the defeat by whites, the meaning fell out of Sioux society. Life became a matter of staying alive. Their study claims that the following two aspects of the culture change explain the difficulties between the Sioux and their present day environment: (1) Sioux children of today live inconsistently with two sets of values and attitudes, and (2) there exists a continuing fear and suspicion of white men. Malan and Jesser's study on conflict in values among the Pine Ridge Indian population confirm the idea that vascillation between the Dakota values and those of western civilization causes a lack of stability in personality resulting in a constant search for meaning.[3] Gemberling feels that this conflict is the major factor underlying the difficulties found in Indian education.[4]

Acute disorganization is taking place within the Oglala family which accounts for health problems in the area of family living. As revealed in a report by Twiss and Maynard, rates of divorce and separation are high with 36 per cent of the children living with one or neither parent. A committee on mental health records at Pine Ridge show that among children who have been counseled for behavioral disorders, 67 per cent are not living with their parents.[5]

Many other health problems are apparent among the Sioux. Studies by Fahy and Musschenheim show that rates for tuberculosis on the Pine Ridge Reservation are eight times the national average. Trachoma, a relatively rare eye disease among the national population, has been found in 25 per cent of Indians. Indian death rates are 20 per cent higher than non-Indians.[6] Bryde suggests that many of the physical ailments that beset the Indians stem from a constant state of worry, fear, or threat.[7]

Health services on the Pine Ridge Reservation are provided by the United States Public Health Service. As reported by the Bureau of Indian Affairs, Field Health teams, besides hospitals and health centers, provide assistance to Indians in environmental health, health education, public health nursing, and preventive dental care.[8] A study by Kent reveals that medical care is available at no cost.[9] The problem is getting the Oglala Sioux to be aware of their health problems and to seek help when it is needed. Through health education, individuals can learn what services and benefits are available to them. If they become aware of their needs and understand how to get help, they can begin to overcome their health problems. Through developing health awareness, health education can help prevent many of the severe health conditions which result from the lack of medical attention.

As pointed out by the World Health Organization, good health consists of more than physical health. Mental health must be considered equally important. A significant index of mental health among the Oglalas is apparent in the statistics on suicide. Twiss and Maynard report that one of the most alarming problems on the reservation has been the high rate of suicide attempts by Indians. Statistics at the Pine Ridge Community Health Center show that in 1968 one suicide and 44 suicide attempts were reported to authorities. Eighty-four per cent of the attempts were by females, 46 per cent were under 20 years of age and 78 per cent were under 30 years of age. Of the 16 per cent attempts made by males, 43 per cent were less than 20 years of age and 71 per cent were less than 30 years of age. In comparison with the National Institute of Mental Health statistics for 1966, the rate of suicide attempts at Pine Ridge is over five times higher than the national rate.

Another health problem resulting from social and cultural conflict is that of alcoholism. Stewart reports in his study on Indian criminality that alcohol is a major problem among the Indians. "Throughout the nation, on Indian reservations and in urban centers, Indians have been arrested and convicted for illegal acts while under the influence of liquor at rates several times higher than have individuals of other minority groups."[10]

Maynard claims that through alcohol, the Oglala finds an outlet for aggression, attains social interaction more effectively, seeks relief from boredom and obtains greater mastery over himself and his environment.[11] The dysfunctional

aspects of alcohol are apparent in the health records of the community Mental Health Program at Pine Ridge; namely, physical impairment, personality disorders, and psychosis. Statistics at the Mental Health Center show that 30 per cent of acute chronic brain disorders are due to alcohol. The records show that alcohol problems account for 64 per cent of all personality disorders among males and 29 per cent among females.[3]

The relationship between mental, physical and social health is further evidenced by another health problem on the reservation; namely, safety. A major concern of the Public Health Service at Pine Ridge is the high accident rate among Indians. Accidents accounted for 20 per cent of all deaths among the Oglalas in 1965, compared with 6 per cent in the United States for the same year. It is the writer's contention that health education could provide safety knowledge which might help prevent many of the accidents. Tying accidents to mental health, Wills suggests that accidents occur as a means of coping with "identity anxiety," and that being in an accident delays the solution to a problem and gives one a chance to evaluate it and look for possible answers."[4] This research seems to concur with the Baseline Study Data in concluding that accidents are used as a coping mechanism among the Oglala Sioux.

From the foregoing paragraphs on the uniqueness of the Indian and his problems, the writer suggests that any school health education program which is to be meaningful and practical to Indian students must be based upon their individualized interests and needs, and not that of the general, middle class white population.

Organizing a health curriculum is perplexing in today's disturbing climate of social change, generation gap, and an unprecedented rate of growth in technology and knowledge. It is particularly perplexing in the Indian community where the traditional culture and the dominant culture must both be dealt with. The writer suggests that wherever possible the traditional cultures of Indians which are health related should be incorporated into the health education program. Direct teaching of health is important. However, direct teaching should be supported and complimented by planned correlation and integration throughout the entire curriculum of the school if health teaching is to be effective in counteracting the social and emotional focuses that affect health behavior.

The goals of a modern health curriculum are directed toward teaching the health sciences that are closely related to human beings. Today's teaching is concerned with the child's physical and mental health—with his nutrition; with his understanding of his body and how it works and grows; with his attitudes toward himself, his family, and his friends; with his safety and general well being. These aspects of health are of particular importance to the Indian child who faces overwhelming adversity in the depravity of the socioeconomic conditions forced upon him.

Problem-solving situations concerning real health problems on the reservation are plentiful. In a reservation setting, problems involving health decisions must center around situations the child has experienced. Choosing a life-like situation in health teaching will help the Indian student relate to the problems. The more the student can apply what he has learned to his own personal experiences, the more meaningful learning becomes.

If the needs of Indian students are to be met in health instruction, attention in planning must be directed to their special needs. Teachers must be able to diagnose the individual student's needs and potentialities, and then prescribe those learning activities which will bring success. They must be able to define content and devise strategies relevant to those needs.

Indian students present a difficult challenge due to a lack of positive self-image cultivated by cultural conflict. For these students in particular, learning in health education must be focused upon the development of human capacities for effective interpersonal skills, creativity, love, and for continuing growth.

Through the years the powerful forces of acculturation made a mark on their culture that has left the Indian people in a very frustrating situation, torn between the beautiful and meaningful philosophies and practices of their cultural heritages and the demands of modern society. Any visitor of the Pine Ridge Reservation today would find there is a tremendous need for assessing and understanding the customs and health practices of the Oglala Sioux.

There is a desire on the part of many students to learn more of their heritage and how to apply it to today's society. For these reasons, there is a need for teachers in this situation to increase their awareness of Oglala customs and practices and to raise their levels of understanding in terms of their pupils and their needs. Inservice training of teachers in reservation schools is needed in the area of Indian culture and this

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knowledge should be integrated into the modern school setting. Teachers should take pride in the mere fact that life today can be made more meaningful if some of yesterday is not left behind. A comprehensive health education program which integrates Indian customs in its instruction is needed at all grade levels, not only to make teachers and students aware of the social health problems on the reservation, but also to serve the purpose of increasing parental and community awareness. A framework for such a program has been designed by the writer and has had a favorable reception from Indian personnel on the Pine Ridge Reservation.

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